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PTO/\$B/05 (03-01) Approved for use through 10/31/2002 OMB 0651-0032

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box

Attorney Docket No Jeffrey Borenstein, M.D. First Inventor Ti<u>tl</u>e

| Only for new nonprovision                                                                     | nal applications under 37 CFR 1.53(b))                      | Express Mail Label No.                                                                                                               |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| APPLICA                                                                                       | TION ELEMENTS                                               | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application                                                                |
| See MPEP chapter 600 cond                                                                     | erning utility patent application contents                  | Washington, DC 20231                                                                                                                 |
| 1. Submit an original and a                                                                   | orm (e.g., PTO/SB/17) duplicate for fee processing)         | <ol> <li>CD-ROM or CD-R in duplicate, large table or<br/>Computer Program (Appendix)</li> </ol>                                      |
| 2. X Applicant claims s<br>See 37 CFR 1.27.                                                   |                                                             | Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all necessary)                                                  |
| 3. Specification (preferred arrangement)                                                      |                                                             | a. Computer Readable Form (CRF)                                                                                                      |
| - Descriptive title<br>- Cross Reference                                                      | of the invention<br>e to Related Applications               | b. Specification Sequence Listing on:                                                                                                |
| - Statement Rega                                                                              | arding Fed sponsored R & D                                  | i. CD-ROM or CD-R (2 copies); or                                                                                                     |
|                                                                                               | quence listing, a table,<br>rogram listing appendix         | ii paper                                                                                                                             |
| - Background of                                                                               |                                                             | c. Statements verifying identity of above copies                                                                                     |
| - Brief Summary                                                                               | of the Invention<br>n of the Drawings (if filed)            | ACCOMPANYING APPLICATION PARTS                                                                                                       |
| - Detailed Descri                                                                             |                                                             | 9. Assignment Papers (cover sheet & document(s))                                                                                     |
| - Claim(s)                                                                                    |                                                             | 37 CFR 3.73(b) Statement Power of                                                                                                    |
| - Abstract of the                                                                             | Disclosure                                                  | 10. (when there is an assignee) Attorney                                                                                             |
| 4. Drawing(s) (35 U                                                                           | .S.C. 113) [ Total Sheets ]                                 | 11. English Translation Document (if applicable) Information Disclosure Copies of IDS                                                |
| 5. Oath or Declaration                                                                        | [ Total Pages 1                                             | Statement (IDS)/PTO-1449 Citations                                                                                                   |
|                                                                                               | uted (original or copy) prior application (37 CFR 1.63 (d)) | 13. Preliminary Amendment                                                                                                            |
| b. (for continua                                                                              | tion/divisional with Box 18 completed)                      | 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)                                                             |
|                                                                                               | ION OF INVENTOR(S) tement attached deleting inventor(s)     | 15. Certified Copy of Priority Document(s) (if foreign priority is claimed)                                                          |
| named in the prior application, see 37 CFR  16 Nonpublication Request under 35 U.S.C.         |                                                             |                                                                                                                                      |
| 1.63(d)(2) and 1 33(b)  (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |                                                             |                                                                                                                                      |
| 6. Application Data Sheet. See 37 CFR 1.76                                                    |                                                             |                                                                                                                                      |
|                                                                                               |                                                             | pply the requisite information below and in a preliminary amendment,                                                                 |
| or in an Application Data She                                                                 | Divisional Continuation-in-part (CIP                        | of prior application No/                                                                                                             |
| Prior application information:                                                                |                                                             | Group Art Unit                                                                                                                       |
|                                                                                               | ExaminerONAL APPS only: The entire disclosure of            | the prior application, from which an oath or declaration is supplied under                                                           |
| Box 5b, is considered a part of                                                               | f the disclosure of the accompanying conti                  | nuation or divisional application and is hereby incorporated by reference.<br>ertently omitted from the submitted application parts. |
|                                                                                               |                                                             | DENCE ADDRESS                                                                                                                        |
| Customer Number or Bar Co                                                                     | ode Label (Insert Customer No. or Attach                    | or X Correspondence address below                                                                                                    |
| Name                                                                                          | Jeffrey Borenstein, M.D.                                    |                                                                                                                                      |
|                                                                                               | 80 East End Avenue                                          |                                                                                                                                      |
| Address                                                                                       |                                                             |                                                                                                                                      |
| City                                                                                          | New York                                                    | State NY Zip Code 10028                                                                                                              |
| Country                                                                                       |                                                             | Jephone 917-853-6474 Fax                                                                                                             |
| Name (Print/Type)                                                                             | Jeffrey Borenstein, M.D.                                    | Registration No. (Attorney/Agent)                                                                                                    |
|                                                                                               | 1) 1) PSA                                                   |                                                                                                                                      |
| Signature                                                                                     | July 200 1                                                  | Date //9/02                                                                                                                          |

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## FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

| (\$) 370.00 | ( | 13 | 37 | 0. | 0. | C |
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| Complete if Known    |                          |  |
|----------------------|--------------------------|--|
| Application Number   |                          |  |
| Filing Date          |                          |  |
| First Named Inventor | Jeffrey Borenstein, M.D. |  |
| Examiner Name        |                          |  |
| Group Art Unit       |                          |  |
| Attorney Docket No.  |                          |  |

| METHOD OF PAYMENT                                                | FEE CALCULATION (continued)                                                              |        |  |  |  |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------|--|--|--|
| The Commissioner is hereby authorized to charge                  | 3. ADDITIONAL FEES                                                                       |        |  |  |  |
| indicated fees and credit any overpayments to  Deposit           | Large Small                                                                              |        |  |  |  |
| Account<br>Number                                                | Entity Entity  Fee Fee Fee Fee Fee Fee Description Fe                                    | e Paid |  |  |  |
| Deposit                                                          | Code (\$) Code (\$)                                                                      |        |  |  |  |
| Account<br>Name                                                  | 105 130 205 65 Surcharge - late filing fee or oath                                       |        |  |  |  |
| Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17    | 127 50 227 25 Surcharge - late provisional filing fee or cover sheet                     |        |  |  |  |
| Applicant claims small entity status                             | 139 130 139 130 Non-English specification                                                |        |  |  |  |
| See 37 CFR 1 21                                                  | 147 2,520 147 2,520 For filing a request for ex parte reexamination                      |        |  |  |  |
| 2. Payment Enclosed:                                             | 112 920* 112 920* Requesting publication of SIR prior to                                 | 1      |  |  |  |
| Check Credit card Money Other                                    | Examiner action  113 1,840* 113 1,840* Requesting publication of SIR after               |        |  |  |  |
| FEE CALCULATION                                                  | Examiner action                                                                          |        |  |  |  |
| 1. BASIC FILING FEE                                              | 115 110 215 55 Extension for reply within first month                                    |        |  |  |  |
| Large Entity Small Entity                                        | 116 400 216 200 Extension for reply within second month                                  |        |  |  |  |
| Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid         | 117 920 217 460 Extension for reply within third month                                   |        |  |  |  |
| 101 740 201 (370) Utility filing fee (370.00)                    | 118 1,440 218 720 Extension for reply within fourth month                                |        |  |  |  |
| 106 330 206 165 Design filing fee                                | 128 1,960 228 980 Extension for reply within fifth month                                 |        |  |  |  |
| 107 510 207 255 Plant filing fee                                 | 119 320 219 160 Notice of Appeal                                                         |        |  |  |  |
| 108 740 208 370 Reissue filing fee                               | 120 320 220 160 Filing a brief in support of an appeal                                   |        |  |  |  |
| 114 160 214 80 Provisional filing fee                            | 121 280 221 140 Request for oral hearing                                                 |        |  |  |  |
| SUBTOTAL (1) (\$) 370.00                                         | 138 1,510 138 1,510 Petition to institute a public use proceeding                        |        |  |  |  |
|                                                                  | 140 110 240 55 Petition to revive - unavoidable                                          |        |  |  |  |
| 2. EXTRA CLAIM FEES Fee from                                     | 141 1,280 241 640 Petition to revive - unintentional                                     |        |  |  |  |
| Extra Claims below Fee Paid                                      | 142 1,280 242 640 Utility issue fee (or reissue)                                         |        |  |  |  |
| Total Claims 20** = X = I                                        | 143 460 243 230 Design issue fee                                                         |        |  |  |  |
| Claims Claims                                                    | 144 620 244 310 Plant issue fee                                                          |        |  |  |  |
| Multiple Dependent                                               | 122 130 122 130 Petitions to the Commissioner                                            |        |  |  |  |
| Large Entity Small Entity                                        | 123 50 123 50 Processing fee under 37 CFR 1 17(q)                                        |        |  |  |  |
| Fee Fee Fee Fee Description                                      | 126 180 126 180 Submission of Information Disclosure Stmt                                |        |  |  |  |
| Code (\$) Code (\$)  103 18 203 9 Claims in excess of 20         | 581 40 581 40 Recording each patent assignment per property (times number of properties) |        |  |  |  |
| 102 84 202 42 Independent claims in excess of 3                  | 146 740 246 370 Filing a submission after final rejection                                |        |  |  |  |
| 104 280 204 140 Multiple dependent claim, if not paid            | (37 ČFR § 1 129(a))                                                                      |        |  |  |  |
| 109 84 209 42 ** Reissue independent claims over original patent | 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))         |        |  |  |  |
| 110 18 210 9 ** Reissue claims in excess of 20                   | 179 740 279 370 Request for Continued Examination (RCE)                                  |        |  |  |  |
| and over original patent                                         | 169 900 169 900 Request for expedited examination of a design application                |        |  |  |  |
| SUBTOTAL (2)                                                     | Other fee (specify)                                                                      |        |  |  |  |
| **or number previously paid, if greater; For Reissues, see above | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)                                      |        |  |  |  |

| SUBMITTED BY      |                          |                                      | Complete (if | Complete (if applicable) |  |  |
|-------------------|--------------------------|--------------------------------------|--------------|--------------------------|--|--|
| Name (PrintlType) | Jeffrey Borenstein, M.D. | Registration No.<br>(Attorney/Agent) | Telephone    | 917-853-6474             |  |  |
| Signature         | Je My Boxy               | Me                                   | Date         | 1/9/02                   |  |  |

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